

PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
<p style="text-align: center;">Service With Subsequent Letters and Replies to This Application Should Be Addressed to: Peter L Berger Levisohn Lerner Berger Langsam 757 Third Avenue New York NY 10017</p>		<p>INVENTOR'S NAME Peter L Berger Street Address 1000 Avenue of the Americas New York NY 10019 City, State and ZIP Code New York NY 10019 CO-INVENTOR'S NAME None Street Address None City, State and ZIP Code None</p>	
		<p>Box 1221E</p> <p style="text-align: right;"><i>RECEIVED Publishing Division</i></p> <p style="text-align: right;">AUG 24 1996</p> <p><input type="checkbox"/> Check if additional changes are on reverse side</p>	

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS (ESTD)	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/526,379	09/11/95	016	JACKSON, GeLoN D. et al. Group 3309 <i>(Please initial by name if needed to enter)</i>	06/11/96
First Named Applicant	ZOHMANN,		WALTER A.	

TITLE OF
INVENTION ATRAUMATIC NEEDLE FOR LUMBAR PUNCTURE

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
3 1234-001	504-272-000	A89	UTILITY	YES	\$625.00	09/11/96

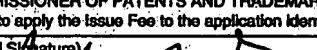
<p>3. Correspondence address change (Complete only if there is a change)</p>	<p>4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR; alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed:</p> <p><u>Levisohn, Lerner, Berger, Langsam</u></p> <p>2 _____</p> <p>3 _____</p> <p>810 BL 08/30/96 08526379</p>
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Information and Handicapped Persons		Office of Management and Budget Form 17-1000-0001
6. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT		Information and Handicapped Persons Office of Management and Budget Form 17-1000-0001
(1) NAME OF ASSIGNEE:		0033, Washington, D.C. 20530 DO NOT SEND FEES OR COMPLETED FORMS TO THE ADDRESS ON THIS FORM
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~~ACK~~This application is NOT assigned.

- Assignment previously submitted to the Patent and Trademark Office.
- Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

DEPOSIT ACCOUNT NUMBER	02-2105
(ENCLOSE PART-C)	
<input type="checkbox"/> Issue Fee	<input checked="" type="checkbox"/> Advance Order - # of Copies <u>10</u>
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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
(Authorized Signature)	(Date)
 8/20/96	
-NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

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